



Volunteer Agreement

This is to certify that I _____, will work at Al-Minhaal Academy as a volunteer from ___/___/20__ to ___/___/20__

This will be considered as a trial period. There will be no monetary compensation.

I will be fully committed to all school policies and academic responsibilities delegated to me from the school administration.

The school administration reserves the right to terminate this agreement at any time it deems necessary.

Days Available: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Volunteer's name: _____ Phone #: _____

Address: _____

Do you have kids in the school? YES NO **If YES:**

Volunteer's signature: _____

Date: ___/___/20__

#	Name	Grade

Your Brother,

Sh. Ahmed Salem Ph.D.
Principal

This form has been signed in my presence.

Principal's Signature: _____

Date: ___/___/20__